



CITY OF ROCKVILLE
Department of Recreation and Parks

July 2012

MEMORANDUM

TO: Men's Basketball Team Managers

FROM: Jen Betts, Sports Program Supervisor (240-314-8653)

SUBJECT: 2012 Fall Season Men's Basketball Program and Team Registration -
**Sunday (evening) at Broome Gymnasium (formerly Broome Middle School)
or Wednesday (evening) at Twinbrook Community Recreation Center**

The fall season men's basketball program offers two 'open divisions' that are scheduled to start the week of September 10, 2012. League games will be on Sunday evenings, at Broome Gymnasium, **or** Wednesday evenings at Twinbrook Community Recreation Center. The schedules consist of 7 games plus play-offs for all teams.

The City of Rockville men's basketball programs are offered as 'open divisions' divisions.' League play is designed more towards recreational level teams. Court dimensions for City of Rockville league play are comparable to middle school gymnasiums, and not high school gymnasiums. Teams and/or players participating in other basketball leagues, such as Montgomery County, Gaithersburg, etc., are eligible to participate in the City of Rockville program: Scores and standings updated weekly on Rockville Website – www.rockvillemd.gov/recreation/sports/index.html

FRANCHISE FEE AND REGISTRATION: The team entry for a schedule of 7 games plus play-offs is **\$770.00**. **The first 6 teams to register will get a \$50 discount.** *Teams are responsible for securing their own basketball shirts; shirts must be lettered using official basketball numerals. **At the time of registration, teams are required to submit a preliminary roster (signatures not mandatory) and a completed team entry application. Make remittance to "CITY OF ROCKVILLE."** Payments of franchise fees can be made either by cash, personal check or sponsor check; **Visa or Master Card** are also accepted. Payment is encouraged in person (not mandatory) at the following address: Rockville City Hall, Sports Division, 111 Maryland Avenue, Rockville, MD 20850. Hours are 8:30 a.m. to 4:30 p.m., Monday through Friday.

ROSTERS: Team rosters require player signatures. Please note and observe the following procedures:

- ♦ The team rosters must be complete with player signatures prior to the team's first game.
- ♦ Final rosters, including any new player additions, signatures included, are due prior to the week of October 1, 2012

A signature next to a player's name will signify that he has read and understood the **Agreement to Participate and Release of Information**, printed on the reverse side of the roster. **It is the coach's responsibility to see that participants are informed.** NO PLAYERS, at any time, should enter a game until they have fulfilled this commitment.

REGISTRATION PROCEDURES FOR MEN'S BASKETBALL

Teams:

In-person registration is encouraged (not mandatory) by a team representative (at the address below) Subject to prior approval from the Sport Programs Supervisor, team entry forms with credit card information may be faxed to 240-314-8659. We are not authorized to take credit card information over the phone.

Registration:

This leagues will be comprised with a minimum of (6) teams. **Team registrations will be accepted on a first come, first paid basis or until leagues are closed. PLEASE REGISTER NOW!!!**

DEADLINE (absolute): Friday, August 31, 2012

Address:

Rockville City Hall, Department of Recreation and Parks, Sports Division, 111 Maryland Ave,
Rockville, MD., 20850

Office Hours:

Monday through Friday, 8:30 a.m. - 4:30 p.m. (Closed weekends and holidays)

Note: The League Director reserves the right to amend the structure and/or format of the league if circumstances warrant such action.

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MEN'S BASKETBALL TEAM ENTRY FORM

Year: FALL 2012

Please indicate preference for placement (not guaranteed):

- ♦ Sunday, Starting 9/16 (evenings) at Broome Gymnasium. \$770.00 _____
- ♦ Wednesday, Starting 9/12 (evenings) at TCRC \$770.00 _____

***if 6 teams to register will receive a \$50 discount*

Time constraints (if any): _____

Team name or sponsor:

Manager's name: _____

Phone (H)_____ (W)_____ (C)_____

Email Address: _____

Street
Address: _____

City, State, Zip: _____

Assistant Manager's name: _____ Phone _____

Email Address: _____

Jersey Color (be specific): _____

Teams are responsible for securing their own basketball shirts; shirts must be lettered using official basketball numerals.

(Visa/MasterCard only) Credit Card# _____ Exp.

Date _____

Card Holder: Name _____

Signature _____